

STD—third south east Asian and western Pacific regional conference

Report on the third south east Asian and western Pacific branch regional conference of the International Union against the Venereal Diseases and Treponematoses held in Bangkok, Thailand, from 24 to 26 June 1983

The third regional conference of the south east Asian and western Pacific branch of the International Union against the Venereal Diseases and Treponematoses was held in the New Imperial Hotel, Bangkok, Thailand. The Chairman of the branch, Dr Pierra Vejjabul, had played a big part in the planning of the meeting and attended the majority of the sessions in person. The organising committee was led by the conference secretary, Dr Kanchana Panikabutra, who was responsible for the detailed execution of the plans and arrangements. There were over 300 registrations for the conference, the majority coming from south east Asia and the western Pacific, but there were eight delegates from the United Kingdom, two from the United States, three from Sweden, one from Italy, and one from the Netherlands.

Opening ceremony

The conference was opened by Mr M Bunnag, Minister of Public Health. Dr R D Catterall of London spoke on behalf of the President of the IUVD, Professor Anton Luger of Vienna, and also on behalf of Dr G Causse of the World Health Organisation, neither of whom were able to attend the conference.

The first session started with a world wide review of recent developments in STD by Dr R D Catterall of London. Other invited speakers included Professor Michael Adler of London, who spoke on gonorrhoea and pelvic inflammatory disease, Dr Nicol Thin of London on herpes and antiviral treatment and Dr Catterall again on sexually transmitted virus diseases.

Considerable attention was given to β -lactamase producing strains of gonococci in south east Asia, and it was generally agreed that between 50% and 60% of all strains in the region were resistant to treatment. In general, spectinomycin 2 g intra-

muscularly was now the most widely used treatment but there was no general agreement about which antibiotics should be used to replace penicillin. Kanamycin, thiamphenicol, tetracycline, sulphonamides, cotrimoxazole, and in some cases cephalosporins were used in different countries, and several speakers suggested that there would be many advantages in having a common policy throughout the region. Some workers expressed anxiety that resistance to the replacement antibiotics was now developing, and there was considerable agreement on the importance of continued monitoring of all strains of gonococci for β -lactamase production. It was agreed that future meetings should carefully consider the establishment of agreed treatment regimens throughout the region.

The role of prostitution in the spread of STD in south east Asia was the subject of several papers. There was agreement that between 75% and 80% of all gonococcal infections were the result of recent contact with prostitutes. In most large cities gonorrhoea was diagnosed as frequently as, or in some instances, more frequently than non-specific urethritis (NSU). This contrasted with the fact that in the United Kingdom and many European countries disease acquired from prostitutes only represented 10% or less of all the cases diagnosed. Bangkok and Thailand had become sex holiday centres for large numbers of people, and the spread of β -lactamase producing strains of gonococci carried by tourists and businessmen could be traced all over the world.

There was discussion as to why there were so many prostitutes in Thailand and why Thai girls, particularly those from Chiangmai and the north, were regarded as good at the job. It was believed that poverty, very large families, the liberal attitude of Buddhists to prostitution, and the desire to please which is inherent in most Thai people, were some of the important factors.

There were several papers on chlamydial infections, complications of gonorrhoea,

acyclovir in the treatment of herpes, genital warts, syphilis in pregnancy, and trichomonal vaginitis. Dr A Sivayathorn described 12 cases of disseminated gonococcal infection, and Dr K Panikabutra reported a case of treatment failure after using benzathine penicillin for neurosyphilis.

The conference was brought to a close by the Vice President of the IUVD, Dr R D Catterall, who thanked all the organisers for a well planned and most successful conference. He particularly drew attention to the help and support of Dr Pierra Vejjabul, who at the age of 89 was still very active and had helped greatly in raising funds to pay for the lavish and generous hospitality and in planning the sessions. There was no doubt, however, that the great success of the congress was due to the careful planning and energetic leadership of Dr Kanchana Panikabutra for whom the congress was a personal triumph. The delegates gave Dr Kanchana a standing ovation and the congress was closed exactly at the time planned by the organisers.

Committee meeting

The committee of the south east Asian and western Pacific branch of the IUVD held a meeting shortly after the conference ended. Two resolutions were passed and will be sent to all governments and health ministers in the region drawing their attention to the high level of STD and stressing the importance of prostitution as the main source.

Professor C N Sowmini of India was elected as chairman of the branch, Dr Kanchana Panikabutra secretary, and Dr V S Rajan vice chairman. The executive committee was to consist of the officers of the branch, Dr S Djuanda of Indonesia, Dr Ross Philipot of Australia, Dr Low Bin Tick of Malaysia, Dr B S Varma of India, and Dr F Willmot of New Zealand.

The next meeting of the branch will be held in Bombay during the last weekend of October 1985.

R D Catterall
Vice President, IUVD

Address for reprints: Dr R D Catterall, James Pringle House, The Middlesex Hospital, London W1N 8AA

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